

AUG 3 2023 12:01PM

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P23000057262

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
COMPLETE NEUROLOGICAL CARE OF MIAMI, P.A.

RECEIVED
2023 AUG -3 PM 12:09
CORPORATIONS
DIVISION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2023 AUG -3 PM 9:45
MAIL ROOM

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: COMPLETE NEUROLOGICAL CARE OF MIAMI, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437
Mailing address, if different is: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELLEN EDGAR - PRESIDENT Name and Title: _____
Address: 7730 BOYNTON BEACH BLVD., #4 Address: _____
BOYNTON BEACH, FL 33437 Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

2023 AUG - 3 PM 9:45
CALL MISSISSIPPI OFFICE

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ELLEN EDGAR
 Address: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH
 Address: 41 STATE STREET, SUITE 700
ALBANY, NY 12207

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

LS/ Ellen Edgar
 Required Signature/Registered Agent

08/03/2023
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lawrence A. Kirsch
 Required Signature/Incorporator

08/03/2023
 Date

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